

CLAIMS ONLY								Application Number 10-686337		Filing Date	
								Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1							51				
2							52				
3							53				
4							54				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	2						Total Indep				
Total Depend	20						Total Depend				
Total Claims	22						Total Claims				

BEST AVAILABLE COPY